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**DECLARATION AND POWER OF ATTORNEY- USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR TREATMENT OF VIRAL DISEASES; the specification of which is attached hereto;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

**POWER OF ATTORNEY:** I hereby appoint the registrants of Knobbe, Martens, Olson & Bear, LLP, 620 Newport Center Drive, Sixteenth Floor, Newport Beach, California 92660, Telephone (949) 760-0404, **Customer No. 20,995**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of sole inventor: **Leon M. Silverstone**

Inventor's signature Leon M. Silverstone

Date November 29, 2000

Residence: **3248 Brant Street, San Diego, California 92103**

Citizenship: **United States**

Post Office Address: **Same as above**

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Send Correspondence To:

**KNOBBE, MARTENS, OLSON & BEAR, LLP**

**Customer No. 20,995**

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